FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

PRINCETON LIMITED PARTNERS



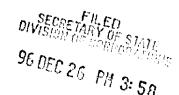
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # A93000001150





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|---|---|---|--|---|---|--|----------------------------------|
| Mailing Address C/O BERKOVITS & CO., P.A. 8211 WEST BROWARD BLVD SUITE 340 PLANTATION FL 33324 | | Principal Office Address C/O BERKOVITS & CO., P.A. 8211 WEST BROWARD BLVD., SUITE 340 PLANTATION FL 33324 | | | 3. Date Formed or Registered 11/05/1993 | 5a. Capital Contributions as Shown on record. \$825,000.00 | |
| | | | | | 3a. Date of Last Report 01/02/1996 | | |
| | | | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date | |
| 2. Mailing Address | | 2a. Principal Office Address | | | FL | 825,000 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6, FEI Number 65-0444387 | Applied For Not Applicable | |
| City & State | | City & State | | | 7. Certificate of Status Desired | | |
| Zip | Country | Ζιρ | Country | | | \$8.75 Additional Fee Required | |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| | nt Registered Agent | 10. If changed, new Registered Agent/Office | | | | | |
| GREENSPOON, GERALD ESQ. C/O GREENSPOON, MARDER, ET AL 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE FL 33309 | | | Name | | | | |
| | | | Street Address (P.O. Box Number Is Not Acceptable) | | | | |
| | | | Suite, Apt. #, etc. | | | | |
| | | | City | | | FL Zip Code | |
| for the pu agent 1 a SIGNATURE (Regi | ripose of changing its registered office o in familiar with, and accept the obligatio stored Agent Accepting Appaintment) | nd 620 192, Florida Statutes, the above-nan r registored agent, or both, in the State of Fi ns of section 620 192, Florida Statutes | orida. Such cha | nge was aut | horized by its general partner(s). I here | aby accept the | appointment of registered |
| - | MUS | T BE REGISTERED AN | ID ACTIV | VE WIT | H THIS OFFICE. | | |
| 11. Name(| s) of General Partner(s) | 11a. (Do NOT Use Post Office | 11a. (Do NOT Use Post Office Box Numbers) | | 11b. City, State & Zip Code | | Registration/ Document Number |
| Marba, I | MARBA, INC. 1222 MACKAY STREE | | MONTREAL, QUEBEC, CAN | | F9300005019 | | |
| No Ger | neral nartners MAY NO | The changed on this for | m· an am | andma | | 76.25 | ****576.25 |
| 12. I do hereby | certify that the information supplied with | The changed on this formal this filing is voluntarily furnished and does r | not qualify for the | exemption | stated in Section 119.07(3)(k). Florida | Statutes, Lirelea | ase the Division of |
| Corporation | s from any liability of non-compliance wi | th Section 119 07(3)(k) in the event that the ignature shall have the same legal effects a | information supp | olied is deen | ned exempt from public access. I furth | er certify that th | e information indicated on |

Morbalac, Capital Trus

empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE.

ATE 11/12/86

Daytime Telephone Number

0005657